



STATE OF MISSOURI  
ELEMENTARY AND SECONDARY EDUCATION  
**ELIGIBILITY DETERMINATION CHECKLIST FOR SEVERELY HANDICAPPED CONTRACTED  
PLACEMENT REIMBURSEMENT (SHCPR) MENTAL RETARDATION**

**Please print all requested information.**

**Section I – Student Information**

**Student Name:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ Birthdate: \_\_\_\_\_

**District Name:**

District Name: \_\_\_\_\_

**File Reviewed by:**

\_\_\_\_\_ Date Reviewed: \_\_\_\_\_

**Complete Section II & III after completing Review**

**Section II – Summary of Required Documentation Review**  
(All documentation is required to determine application eligible for reimbursement.)

**Check and specify dates of each item reviewed. If any of the required documentation is missing, note the missing item(s) in Section III.**

- ☐ IEP(s) dated \_\_\_\_\_
- ☐ Current Evaluation report dated \_\_\_\_\_
- ☐ Progress reports or notes for the past 12 months included: \_\_\_\_\_

☐ LRE documentation

- \_\_\_\_\_ the district considered educating the student in the public school program
- \_\_\_\_\_ the district identified supplementary aids and services that would be needed to educate the student in the public school program
- \_\_\_\_\_ the district articulated why they cannot provide an educational benefit to the student within the district's own program or another public school program.

Did the district provide services to the student? ☐ Yes ☐ No

If yes, a description of the educational setting in which the child was served by the district was submitted. ☐ Yes ☐ No  
Specify district educational setting \_\_\_\_\_

**Section III – Summary of Eligibility Determination**  
(Complete after documentation reviewed)

**Please Note: If you answered “yes” to Questions A or B, AND C, D, E and F, file is eligible for reimbursement.**

☐ **Eligible:** (Circle One)    **Method I**    **Method II**    ☐ **Not Eligible**    **Severe MR**    **LRE**    **Documentation**

☐ Reviewer requests a second review.

☐ Reviewer found the file not eligible for review for the following reason(s):

\_\_\_\_ Documentation was outdated    \_\_\_\_ The district failed to submit the documentation listed below.    \_\_\_\_ Other (Please specify)

\_\_\_\_\_

## REVIEW OF THE EVALUATION REPORT

The evaluation report includes either results from cognitive and adaptive functioning tests (Method I) or documents pervasive supports required in every activity of every life domain as defined by the AAMR (Method II). Such results/documentation reflects student has significant cognitive deficits as evidenced by one of two methods described below:

### Method I — Review of Diagnostics

#### Cognitive Test

Date: \_\_\_\_\_ Full Scale IQ Score: \_\_\_\_\_ Full Scale IQ Score is: \_\_\_\_\_ Standard Deviations below the mean.

Is IQ 4SD below mean? ☐ Yes ☐ No ☐ Not able to respond to standardized assessments (go to Method II)

Does evaluation report question test validity? ☐ Yes ☐ No Assume “no” unless stated otherwise. If “yes,” this method cannot be used to determine eligibility for reimbursement.

Comments:

#### Adaptive Functioning Test

Date: \_\_\_\_\_ Adaptive Functioning Score: \_\_\_\_\_ Adaptive Functioning Score is: \_\_\_\_\_ Standard Deviations below the mean.

Commensurate deficits of four or more standard deviations found in:

☐ Communication ☐ Social Skills ☐ Health and Safety ☐ Leisure ☐ Self Care  
☐ Community use ☐ Functional Academics ☐ Daily Living ☐ Self Direction ☐ Work

Are adaptive functioning deficits found in two or more of listed areas? ☐ Yes ☐ No If “no,” this method cannot be used to determine eligibility for reimbursement.

Diagnostic Conclusion:

**Question A: Method I Summary** ☐ YES ☐ NO

The student has scores falling four or more standard deviations below the mean on standardized measures of cognitive ability and shows at least 4SD of commensurate deficits in at least two areas of adaptive functioning.  
If yes, go to Question C, if no, go to Question B.

### Method II — Definition Level of Intensity

Review evaluation report and document the required levels of intensity for supports and supports required for student in the areas listed below. Place an I, L, E or P as appropriate next to the activities below each dimension. List required supports in space provided.

Intermittent (I) – Support on an “as needed basis.” Characterized by episodic nature, person not always needing the support(s), or short term supports needed during life span transitions. Intermittent supports may be a high or low-level intensity when provided.

Limited (L) – An intensity of supports characterized by constancy over time, time limited but not of an intermittent nature, may require fewer staff members and less cost than more intensive levels of support.

Extensive (E) – Supports characterized by regular involvement (daily) in at least some (work, or home) environments and not time limited (long term).

Pervasive (P) – Supports characterized by their constancy, high intensity; provided across environments; potential life sustaining nature. Pervasive supports typically involve more staff members and intrusiveness than do extensive or time limited supports.

Dimension: <u>Communication</u>		Dimension: <u>Self Care</u>		
Activity	Required Supports	Activity	Required Supports	
Comprehend and Express Information _____		Toileting _____		
Spoken word _____		Eating _____		
Written word and graphic symbols _____		Dressing _____		
Signed/Manually coded English _____		Hygiene _____		
Use non symbolic language _____		Grooming _____		
Facial Expression _____		Other _____		
Gesture _____		Dimension: <u>Social Skills</u>		
Touch _____		Activity		Required Supports
Writing letters _____		Initiate interaction _____		
Other _____		Terminate interaction _____		
Dimension: <u>Daily Living</u>				
Activity	Required Supports			
Clothing Care _____	Receive and respond to situational clues _____			
Housekeeping _____	Recognize feelings of self _____			
Property maintenance _____	Recognize feelings of others _____			
Food preparation _____	Provide positive and negative feedback _____			
Cooking _____	Regulate own behavior _____			
Planning and budgeting _____	Aware of peers and peer acceptance _____			
Orientation in the home _____	Gauging amount and type of interaction with others _____			
Apply functional academics in home _____	Forming fostering relationships _____			
Other: _____	Coping with demands of others _____			
Dimension: <u>Community Use</u>		Making choices _____		
Activity	Required Supports	Sharing understanding, honesty, fairness _____		
Independent traveling in community _____	Controlling impulses _____	Conforming conduct to laws _____		
Grocery and general shopping _____	Violating rules and laws _____	Violating rules and laws _____		
Obtaining services _____	Displaying appropriate sociosexual Behavior _____	Other: _____		

Dimension: <u>Community Use</u>		Dimension: <u>Self Direction</u>		
Activity	Required Supports	Activity	Required Supports	
Attending church, synagogue, Mosque _____		Making choices _____		
Use public transportation _____		Learn/follow schedule _____		
Use public facilities _____		Complete tasks _____		
Schools _____		Seek assistance when needed _____		
Libraries _____		Resolving problems _____		
Parks _____		Dealing with novel situations _____		
Recreational areas _____		Demonstrating appropriate assertiveness _____		
Streets/sidewalks _____		Self Advocacy _____		
Museums _____		Other: _____		
Theaters _____				
Other: _____		Dimension: <u>Health &amp; Safety</u>		
Dimension: <u>Functional Academics</u>		Activity	Required Supports	
Activity	Required Supports	Maintain health _____		
Applied learning skills _____		Illness identification _____		
Reading _____		Illness treatment _____		
Writing _____		Illness prevention _____		
Math _____		Basic First Aid _____		
Applied Sciences _____		Physical Fitness _____		
Applied Social Studies _____		Basic safety _____		
Applied Arts _____		Follow rules/laws _____		
Other: _____		Use seat belts _____		
		Cross streets _____		
Dimension: <u>Leisure</u>		Interact with strangers _____		
Activity	Required Supports	Seek assistance _____		
Develop recreational Interests _____		Use appropriate behavior in community _____		
Choosing/initiating self-Interest _____		Apply regular physical and dental checkups _____		
Enjoying home/community _____		Other: _____		
Enjoying community leisure _____		Dimension: <u>Work</u>		
Playing socially with others _____		Activity		Required Supports
Taking turns _____		Complete tasks _____		
Terminating activities _____		Awareness of schedules _____		



## REVIEW OF THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

### Question C:

Current Placement:

The IEP reflects a student whose educational needs are not academic but functional in nature and commensurate with the student's abilities as reported in the evaluation report

☐ YES ☐ NO If "no," file is not eligible for reimbursement.

Comments:

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### Question D:

The IEP reflects the program modifications and/or supports that the child needs to ensure FAPE/benefit from their education.

☐ YES ☐ NO

If "no," does justification support why the district failed to attempt program with modifications and/or supports?

☐ YES ☐ NO

If "no," file is not eligible for reimbursement.

Comments:

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## REVIEW OF JUSTIFICATION FOR PRIVATE CONTRACTUAL SCHOOL PLACEMENT

The IEP Team considered educating the child in the LEA, including in the regular education classroom. (i.e., Specific statements of exactly what was considered and basis of rejection, supportive statements that show specifically why the student would not benefit.)

☐ YES ☐ NO

IEP Team considered and/or identified supplementary aids and services that would be needed to educate the child in the LEA. (e.g., Paraprofessionals, assistance with physical disabilities, instructional support, materials and specialized equipment to access the general education curriculum, intensive short-term instruction, peer tutors, consultants or collaborations, services.)

☐ YES ☐ NO

LEA articulated, consistent with the IEP, why the LEA cannot serve the child in the LEA or other public placement that would benefit the child. (e.g., supportive statements that justify opinions, functional curriculum, harmful impact upon non-disabled students, lack of progress even with supplementary aids and services, limited benefit).

☐ YES ☐ NO

## OVERVIEW OF JUSTIFICATION OF PLACEMENT STATEMENTS

**Question E:**

Justification meets requirements for least restrictive environment. (All three LRE questions above are checked "yes").

☐ YES      ☐ NO

Comments:

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**Question F:**

The Justification for Private Contractual School placement is consistent with information provided in the student file, Evaluation Report, IEPs, progress information.

☐ YES      ☐ NO

Comments:

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Additional Comments/Observations/Explanations:

[illegible]